

GRANT ANALYSIS FORM OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health DepartmentContact Person & Phone No: Irmine Reitl, X8555

Category of Request

 New Grant Grant Continuation

Previous Council File No. _____

 Change in Previously Approved Grant

Previous Council File No. _____

Project/Program Title: 2010 Tuberculosis (TB) Clinical Services – Case managementGrantor Agency: State of Wisconsin Division Public HealthGrant Application Date: NAAnticipated Award Date: 3-1-10

1. Description of Grant Project/Program (Include Target Locations and Populations):
The WI Division of Public Health TB Program is seeking a sole source contract that provides \$18,000 to the City of Milwaukee Health Department Tuberculosis Control Clinic located at Keenan Health Center, 3200 N. 36th St., Milwaukee, WI 53216. The additional money supports 0.3 FTE of a Communicable Disease Specialist to assist with case management.
2. Relationship to City-Wide Strategic Goals and Departmental Objectives:
This program supports the Health Department's strategic objectives to reduce illness and injury from communicable diseases.
3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):
The TBCC provides targeted TB screening, treatment and case management to persons at risk for or diagnosed with TB.
4. Results Measurement/Progress Report (Applies only to Programs):
none
5. Grant Period, Timetable and Program Phase-Out Plan:
1-1-10 through 12-31-10
6. Provide a list of Subgrantees:
NA
7. If Possible, complete Grant Budget Form and attach to back.